PTO/SB/17 (07-07)
Approved for use through 05/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2007 Application in the Consension of Application Number FINE TRANSMITTAL FOR FY 2007 Application small entity status See 37 CFR 1 27 Application small entity status See 37 CFR 1 27 TOTAL AMOUNT OF PAYMENT (8) 1,240,00 Altomey Docket No. 2519-0294PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Card Mency Order None Observation of Check (place identity): Check Credit Card Mency Order None Observation of Check (place identity): Check Observation of Check all that apply) Check Condit Card Mency Order None Observation of Check (place identity): Charge any additional fee(s) or underpayments of Charge fee(s) indicated below Control to prepail account, the Director is hereby authorized to: (check all that apply) The Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee Control to See(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES Seas Editive Application Type Fee (5) Fee (6)			Complete if Known						
FEE TRANSMITTAL For FY 2007		Application Nu	Application Number		10/797,192				
For FY 2007					004				
Applicant claims small entity status Soe 37 CFR 1 27	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First Named In	ventor	Kao-Cheng HSIEH					
METHOD OF PAYMENT (check all that apply)	For F	Examiner Name	3	K. M. Nguyen					
Check	Applicant claims small e	Art Unit	CCCC						
Check	TOTAL AMOUNT OF PAYMENT (\$) 1,240.00			Altomey Docke	Altomey Dockel No. 2519-029		1PUS1		
Check Credit Card Money Order None Other (please identify) X Deposit Account Reposit Account None Order (please identify) For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge any additional fee(s) or underpayments of tee(s) under 37 CFR 1-16 and 1-17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES Application Type Fee (S) F									
X Deposis Account Deposis Account Name Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Received the filling fee Charge fee(s) indicated below Charge fee(s) indicated below Received the filling fee Charge fee(s) indicated below Received the filling fee Charge fee(s) indicated below Received the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for fee Charge fee(s) indicated below, except for fee Charge fee Charg	IVIE I HUD UF PAY IVIEN I (cneck all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filing fee charge any additional fee(s) or underpayments of charge fee(s) indicated below, except for the filing fee charge fee(s) indicated below, except for fee filing fee charge fee(s) indicated below, except for fee filing fee charge fee (s) indicated below, except for fee filing fee charge fee (s) indicated held for fee fee (s) indicated held fee charge fee (s) indicated held fee fee (s) indicated held fee (s) indicated held fee fee (s) indicated									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of X Credit any overpayments	X Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of X Credit any overpayments									
Charge any additional fee(s) or underpayments of x Credit any overpayments									
The component of the									
Application Type									
Paper Pape	FEE CALCULATION								
Multiple dependent claims Fee (\$) Fee (\$	1. BASIC FILING, SEARCH,								
Application Type									
Utility	Application Type	Fee (\$)	*****				Fees P	aid (\$)	
Design 200 100 100 50 130 65					200	100			
Plant	The state of the s	200	100 10	0 50	130	65			
Reissue	G.			0 150	160	80			
Provisional 200 100 0 0 0 0 0 0 0 0					600	300			
Signature Sign		•				0	***************************************		
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of lotal claims paid for if groater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) I	1 10 Visional								
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of lotal claims paid for if groater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$) HP = highest number of lotal claims paid for if groater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Total Sheets Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Sheets or fraction thereof See 35 U S C 41(a)(1)(G) and 37 CFR 1 16(s) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Fee Paid (\$) 1801 Request for continued examination (RCE) (see 37 790 00 1252 Extension for response within second month Registration No 1252 Extension for response within second month Registration No (703) 205-8026	Fee (\$) Fee (\$)								
Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highoet number of lotal claims paid for if groater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Indep. Claims Extra Claims Indep. Claims Indep. Claims Indep. Claims Extra Claims Indep. Claims In							50	25	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Phighest number of independent claims paid for it greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets of fraction thereof See 35 U S C 41(a)(1)(G) and 37 CFR 1 16(s) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e g , late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790 00 1252 Extension for response within second month Registration No (Attorwey/Agent)								100	
4 -20 = x = Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 1 -3 = x = HP = highest number of independent claims paid for if greater than 20 HP = highest number of independent claims paid for if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof See 35 U S C 41(a)(1)(G) and 37 CFR 1 16(s) Total Sheets Extra Sheets Number of each additional 60 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = 1/50 = (round up to a whole number) x ** 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e g , late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790 00 1252 Extension for response within second month 450.00 SUBMITTED BY Signature Registration No (Attornay/Agent) 32,334 Telephone (703) 205-8026	· · · · · · · · · · · · · · · · · · ·							180	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 1 -3 =	Total Claims Extra Claims Fee (\$) Fee			e Paid (\$)	Paid (\$) <u>N</u>		Jultiple Dependent Claims		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 1	4 - 20 =		!	Fee (\$) <u>I</u>	ee Paid (\$)				
1 -3 = x = HP = highest number of independent claims paid for. if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof See 35 U S C 41(a)(1)(G) and 37 CFR 1 16(s) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 =	HP = highest number of total claims paid for if greater than 20								
HP = nighest number of independent claims paid for. if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof See 35 U S C 41(a)(1)(G) and 37 CFR 1 16(s) Total Sheets	indep. Claims Extra C			e Paid (\$)					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof See 35 U S C 41(a)(1)(G) and 37 CFR 1 16(s) Total Sheets									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1 16(s) Total Sheets									
listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1 16(s) Total Sheets									
sheets or fraction thereof See 35 U S C 41(a)(1)(G) and 37 CFR 1 16(s) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x # 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790 00 1252 Extension for response within second month 450.00 SUBMITTED BY Signature Registration No (Attorney/Agent) 32,334 Telephone (703) 205-8026	listings under 37 CFR 1 52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
- 100 =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790 00 1252 Extension for response within second month 450.00 SUBMITTED BY Signalure Registration No (Atlemey/Agent) 32,334 Telephone (703) 205-8026	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790 00 1252 Extension for response within second month 450.00 SUBMITTED BY Signature Registration No (Attorney/Agent) 32,334 Telephone (703) 205-8026	100 = /50 = (round up to a whole number) x ≈								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790 00 1252 Extension for response within second month 450.00 SUBMITTED BY Signature Registration No (Atlorney/Agent) 32,334 Telephone (703) 205-8026									
SUBMITTED BY Signature 1252 Extension for response within second month 450.00 Registration No 32,334 Telephone (703) 205-8026 (Atlomey/Agent) (Atlomey/Agent)	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$								
SUBMITTED BY Signature Type Management (703) 205-8026 (Atlomey/Agent) 32,334 Telephone (703) 205-8026	Other (e g , late filing su						3		
Signature - 1 (August Agent) Registration No (Atlomey/Agent) 32,334 Telephone (703) 205-8026				TOPOLOG TIME			1 7		
Signature (Atlomey/Agent) 32,334 Telephone (703) 203-0020	SUBMITTED BY			Registration No.			grangers and the second	. 0000	
Name (Print/Type) Joe McKinney Muncy Date August 22, 2007	Signature	1 Juna	Many		32,33	4 Telephone	(703) 208)-8UZ6	
	Name (Print/Type) Joe McKi	nney Mund	y l			Date	August 22	2, 2007	